

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001794

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

FILED FEB 8 1963

Primary Registration District No. 1002

Registrar's No. 494

494

VS 300
Rev. 4/59

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1286-D

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 70 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2702 LINWOOD BLVD. LINMONT NURSING HOME		d. STREET ADDRESS (If outside, give location) 4417 TRACY AVENUE	
3. NAME OF DECEASED (Type or print) First FLORA Middle V. SOLLEE PORTERFIELD Last PORTERFIELD		4. DATE OF DEATH Month JANUARY Day 24 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) PLATTE COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN VEACH		13b. MOTHER'S MAIDEN NAME MALVINA KING	
14. NAME OF HUSBAND OR WIFE CLYDE C. PORTERFIELD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. -----		17. INFORMANT MRS. R. L. SHERROD	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 72 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE & LEFT VENTRICULAR FAILURE		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 1:00 a.m. ----- p.m. -----	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from APR 1960 to JAN 24, 1963 and last saw her alive on JAN 23, 1963		Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE M. G. Cline		22b. ADDRESS 4626 ST. JOHN KC 23 MO	
22c. DATE SIGNED 1-25-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE JAN 26 1963		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		23e. DATE RECD. BY LOCAL REG. 1-25-63	
23f. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		23g. REGISTER'S SIGNATURE Ruth Long	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by ASIMON DENQ ONOYU, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signed

Vern Lawler

Signature of Student Embalmer

Licensed Embalmer No. 4915

P. O. Address 56700

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.